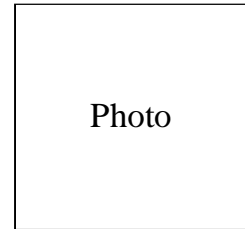


**Greater Chennai Corporation-Public Health Department**  
**National Tuberculosis Elimination Programme**  
**(On Contractual Basis)**



1. Applying for the Post of : \_\_\_\_\_
2. Name of the Candidate : \_\_\_\_\_  
(In Block Letters)
3. Father/ Husband Name : \_\_\_\_\_
4. Date of birth / : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Yrs.  
Age in completed years
5. Sex : Male / Female/ Transgender
6. Religion : \_\_\_\_\_
7. Community : \_\_\_\_\_
8. Sub Caste : \_\_\_\_\_
9. Aadhaar Number : \_\_\_\_\_
10. Registration No. in TNMC,  
Nursing Council etc., \_\_\_\_\_
11. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Present Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Mobile Number : \_\_\_\_\_
13. E-mail ID : \_\_\_\_\_

**14. Educational Qualification**

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

### 15. Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

16. Two Wheeler Driving License : Yes/ No

17. Self Attested Documents Xerox copies of the following to be attached

- a. Aadhaar Card. : Yes/ No
- b. Community Certificate. : Yes/ No
- c. 10<sup>th</sup> , 12<sup>th</sup> Mark sheet : Yes/ No
- d. Degree/ ANM/ MPHWH certificate : Yes/ No
- e. Post graduate certificate : Yes/ No
- f. Driving License (if applicable) : Yes/ No
- g. TNMC/TN Nursing Counsel Registration certificate:  
(if applicable) : Yes/ No
- h. Experience Certificate : Yes/ No
- i. Computer course certificate : Yes/ No
- j. Recently taken passport size photo. : Yes/ No

### DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date: